Initial Information Data Sheet

Inventor Information

Inventor One Given Name::

Family Name::

Name Suffix::

Postal Address Line One:: Postal Address Line Two::

City::

State or Province::

Postal or Zip Code:: Citizenship Country:: Peter V.

Boesen M.D.

1000 73rd Street

Suite 18 Des Moines

lowa 50311 USA

Correspondence Information

Correspondence Customer Number::

Electronic Mail One:: Electronic Mail Two::

22885

patatty@zarley.com Goodhue@zarley.com

Application Information

Title Line One::

Title Line Two: Title Line Three:: Total Drawing Sheets::

Formal Drawings?:: Application Type:: Docket Number::

CELLULAR TELEPHONE, PERSONAL DIGITAL ASSISTANT WITH DUAL LINES FOR SIMULTANEOUS USES

Yes

Utility P05193US0

Representative Information

Representative Customer Number::

22885